

## Registration Form

2006 Nebraska Minority Health Conference  
**Paradigms of Health for Communities of Color: Moving Beyond Hope**

October 31 & November 1, 2006

Holiday Inn Hotel & Convention Center, Kearney

**Deadline for Registrations is October 20, 2006. NO REFUNDS WILL BE GIVEN AFTER THAT DATE.**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Preferred Name (for nametag): \_\_\_\_\_

Required for CME/CEU Credits: SSN: \_\_\_\_\_ License: \_\_\_\_\_

Please circle your choices of Workshop Sessions:

Tues, 10/31, 11:30-12:30	Prevention	Advocacy	Data	Key Issues	Policies
Tues, 10/31, 4:00-5:00	Prevention	Advocacy	Data	Key Issues	Policies
Wed, 11/1, 11:30-12:30	Prevention	Advocacy	Data	Key Issues	Policies
Wed, 11/1, 2:15-3:15	Prevention	Advocacy	Data	Key Issues	Policies

So that we may better accommodate you, please list any dietary or accessibility needs: \_\_\_\_\_

	Early Rates before 10/6/06	Late Rates after 10/6/06
I will be attending:		
____ October 31 & November 1	\$150	\$160
____ October 31 only	\$95	\$105
____ November 1 only	\$95	\$105
____ 2-Day Student Fee	\$65	\$75
____ 1-Day Student Fee	\$45	\$55
____ Award dinner, October 31	(included)	(included)

Registration fee includes continental breakfasts, lunches, award dinner, and conference materials.  
Students must provide proof of enrollment.

Limited Registration scholarships available. Call 402-471-0152 for details.

\_\_\_ I would like a membership to the Nebraska Minority Public Health Association. Please add \$30 to your check.

Make Checks Payable to:  
Nebraska Office of Minority Health  
FTIN 47-0491233

State employees please provide  
Billing Code: \_\_\_\_\_

Address Book #: \_\_\_\_\_

Mail registration form with your check  
or money order to:

Minority Health Conference  
Nebraska Office of Minority Health  
PO Box 95007  
Lincoln, NE 68509-5007

or Fax it to: 402-471-0383